

NURSING CARE PLAN

ASSESSMENT	DIAGNOSIS	INFERENCE	PLANNING	INTERVENTION	RATIONALE	EVALUATION
<p>SUBJECTIVE:</p> <p>"Bakit kaya madalas ako mahilo?" (<i>Why do I always feel dizzy?</i>) as verbalized by the patient.</p> <p>OBJECTIVE:</p> <ul style="list-style-type: none"> ◆ Request for information. ◆ Agitated behavior ◆ Inaccurate follow through of instructions. ◆ V/S taken as follows: <p>T: 37.2 P: 84 R: 18 BP: 180/110</p>	<ul style="list-style-type: none"> ◆ Risk for prone behavior related to lack of knowledge about the disease 	<ul style="list-style-type: none"> ◆ High blood pressure (HBP) or hypertension means high pressure (tension) in the arteries. Arteries are vessels that carry blood from the pumping heart to all the tissues and organs of the body. High blood pressure does not mean excessive emotional tension, although emotional tension and stress can temporarily increase blood pressure. Normal blood pressure is below 120/80; blood pressure between 120/80 and 139/89 is called "pre-hypertension", 	<ul style="list-style-type: none"> ◆ After 8 hours of nursing interventions, the patient will verbalize understanding of the disease process and treatment regimen. 	<p>INDEPENDENT:</p> <ul style="list-style-type: none"> ◆ Define and state the limits of desired BP. Explain hypertension and its effect on the heart, blood vessels, kidney, and brain. ◆ Assist the patient in identifying modifiable risk factors like diet high in sodium, saturated fats and cholesterol. ◆ Reinforce the importance of adhering to treatment regimen and keeping follow up appointments. ◆ Suggest frequent position changes, leg exercises when lying down. 	<ul style="list-style-type: none"> ◆ Provides basis for understanding elevations of BP, and clarifies misconceptions and also understanding that high BP can exist without symptom or even when feeling well. ◆ These risk factors have been shown to contribute to hypertension. ◆ Lack of cooperation is common reason for failure of antihypertensive therapy. ◆ Decreases peripheral venous pooling that may be potentiated by vasodilators and 	<ul style="list-style-type: none"> ◆ After 8 hours of nursing interventions, the patient was able to verbalize understanding of the disease process and treatment regimen.